

**SHARED NEUTRALS ADR PROGRAM**  
**AGENCY LIAISON INTAKE FORM**  
(FRONT PAGE TO BE COMPLETED BY AGENCY LIAISON)

DATE: \_\_\_\_\_

AGENCY LIAISON: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

FAX NO: \_\_\_\_\_

REFERRAL SOURCE: (CIRCLE)    FEB       MEDIA       AGENCY       OTHER:

ISSUES: \_\_\_\_\_

---

**PARTY INFORMATION (If more than 2 parties, use another intake form)**

---

PARTY #1 NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

NAME OF REPRESENTATIVE (IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ FAX NO: \_\_\_\_\_

RELATIONSHIP TO PARTY #2: \_\_\_\_\_

PARTY #2 NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

NAME OF REPRESENTATIVE (IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ FAX NO: \_\_\_\_\_

RELATIONSHIP TO PARTY #1: \_\_\_\_\_

---

PARTIES SIGNED AGREEMENT TO MEDIATE:    YES \_\_\_\_\_    NO \_\_\_\_\_

(THIS PAGE TO BE COMPLETED BY INTAKE COORDINATOR)

INTAKE COORDINATOR NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Assigned SNAP Case Number: \_\_\_\_\_

MEDIATOR: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX No: \_\_\_\_\_

CO-MEDIATOR: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX NO: \_\_\_\_\_

REQUESTED REMEDY:

\_\_\_\_\_  
\_\_\_\_\_

RESULTS:

\_\_\_\_\_  
\_\_\_\_\_

DATE OF CLOSURE: \_\_\_\_\_